902044417

FEC FORM 3L REPORT OF CONTRIBUTIONS BUNDLED BY LOBBYISTS/REGISTRANTS THE SENATE OPENIST/REGISTRANT PACS SECRETARY CLAY DO DEC -4 PM 4: 01

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٠	NAME OF COMMITTEE (in full)	USE FEC MAILI OR TYPE OR PI	NG LABEL RINT	Example: over the	If typing, type lines					
ļ	DEMOCRATIC SENATORIA		COMMITTE		1-!-!-!	1 1	<u>.</u> 1 1 1	1 1 1	1 1 1	1
	ADDRESS (number and street)	120 Marylan	d Ave. NE			1 1				1
	Check if different than previously reported. (ACC)	Washington	<u> </u>	_			DC	2	0002	
			CITY				STATE		ZIP CODE	
	FEC IDENTIFICATION NUMB	ER	3. IS THIS REPOR	NEV	V OR	X	AMENDED (A))	STATE .	DISTRICT
T	YPE OF REPORT (Choose One)	(b) Monthly Report	Feb 20 (M2	?)	May 20 (M5)		· Aug	20 (M8)) (M11) ection Year Onl
(a) Quarterly Reports:	Due On:	Mar 20 (M3)	Jun 20 (M6)		Sep 20 (M9)			
	April 15 Quarterly Report (Q1)		Apr 20 (M4) X Jul 20 (M7) and/or Semi-annual R eport			Oct	20 (M10)	(Non-Election Year Only Jan 31 (YE) and/o Semi-annual Repo	
	July 15 Quarterly Report (Q2) and/or Semi-annual Report	(c) 12-Da	y F Election	rimary (12		al (12G		off (12R)		
	October 15 Quarterly Report (Q3)	Repor	t for the: S _l	pecial (12S) Conve	ention ((12C)		This report also covers the semi-annual perior	
	January 31 Year-End Report (YE)	Election on in the State of							See Line 6(b)	
	and/or Semi-annual Report July 31 Mid-Year		-Election	General (3	General (30G) Runoff		noff (30R) Special (30S in the State of		This report also covers the semi-annual period See Line 6(b)	
	Report (Non-election Year - PAC/Party) (MY) and/or Semi-annual Report	Repor Election	t for the:							
_	Covering Period(s)	(a) Quarterly/f	Monthly/Pre-/Po	st-Election	Covered Perio	nd	,	(b) 9	Semi-annual (Covered De
	06		2009 thr				2009		X January	
								and/or		ecember 3
	Total Reportable Bundled Contributions by (a) Quarterly/Monthly/Pre-/Post-Election Covered Period (b) Semi-annual (contributions by Covered Period (d) Semi-annual (contributions by Cov									
_	obbyists/Registrants or Lobbyist/F	Registrant PACs			19895	0.00			78	37700.00
Ι¢	ertify that I have examined this Re	eport and to the	best of my know	wledge and	belief it is true	, correc	ct and compl	lete.		
Ту	pe or Print Name of Treasurer	John B. Poe	ersch, Jr.							
Si	gnature of Treasurer	1		-		. Đa	ite 12	0	4 2	009
N	OTE: Submission of false, erroned	ous, or incomplet	te information n	nay subject	the person sig	ning th	is Report to	the penali	ties of 2 U.S.0	C. §437g.
	Office Use					T			C FORM:	